



Quotation Advert

Opening Date: 

Closing Date: 

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required

Date Submitted 

ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ:


Item Category: 

Item Description:

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

Contact Number: